NONPROF CORPORAT	TI		RTMENT OF STATE	May 12 1	LED 997 8:00an
ANNUAL REF 1997	PORT		ry of State CORPORATIONS		ry of State
DOCUMENT Corporation Name NORTH POINT	F # N3171				
rincipal Place of Busine 044 ONTARIO CIRCLE IELBOURNE FL 32935	955	Mailing Address 3044 W ONTARIO CIRCLE MELBOURNE FL 32935-45		I ION (778) OND (110) ADD(1 JONE) (110) 	A MANY BARATA DI KALI TANALI DADAY DI DI A TATA TABUT
IS 		US		3. Date Incorporated or Qualified 04/14/1989	8e. Date of Last Report 03/18/1996
2. Principal Place of Bus	siness	26. Mailing Address 26		4. FEI Number NOT APPLICABLE	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27		5. Certificate of Status Desired	State
City & State	Country	City & State 28 Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip I	Country 25 10 10 10 10 10 10 10 10 10 10 10 10 10	29	30	8. This corporation has liability for i Florida Statutes     10. Name and Address of New Re	Yes X No
3044 W ONTARIO MELBOURNE FL			83	۲۰۰۰ ۲۰۰۰ ۲۰۰۰ ۲۰۰۰ ۲۰۰۰ ۲۰۰۰ ۲۰۰۰ ۲۰۰	· · · · · · · · · · · · · · · · · · ·
MELBOURNE FL 1. Pursuant to the prov office or registered a agent. Lam familiar	32935 visions of Sections 617.050 agont, or both, in the State with, and accept the oblig		64 City	poration submits this statement for the p ation's board of directors. I hereby accep	FL 85 Zip Code purpose of changing its registered pt the appointment as registered
MELBOURNE FL.	32935 risions of Sections 617.050 agant, or both, in the State with, and accept the oblig red or printed name of registered ag	ent and title if applicable. (NOT	64 City	lired when reinstating)	Durpose of changing its registered pt the appointment as registered
MELBOURNE FL. 1. Pursuant to the prov office or registered a agent. I am familiar SIGNATURE SIGNATURE 2. THE SD	32935 risions of Sections 617.050 agant, or both, in the State with, and accept the oblig red or printed name of registered ag		B4 City tes, the above-named cor authorized by the corpora orida Statutes. E: Registered Agent signature requ		Durpose of changing its registered pt the appointment as registered
MELBOURNE FL. 1. Pursuant to the prov office or registered a agent. I am familiar i SIGNATURE SIGNATURE ITIE AME SIGNATURE SI	32935 risions of Sections 617.050 agent, or both, in the State with, and accept the oblig red or prited name of registered ag OFFICERS AN	ent and title if applicable. (NOT ID DIRECTORS	B4 City     tes, the above-named cor     authorized by the corpora     orida Statutes.     F: Registered Agent signature requ     13.     1.1 TILE	lired when reinstating)	DATE CERS AND DIRECTORS IN 12
MELBOURNE FL  1. Pursuant to the prov office or registered a agent. I am familiar SIGNATURE  2.  The SD IMPERIMANE SIGNATURE INFECT ADDRESS SO10 I MELBINITY-S1-ZIP INTLE VD WARN IREET ADDRESS SO44	32935 visions of Sections 617.050 agent, or both, in the State with, and accept the oblig ed or printed name of registered ag OFFICERS AN SBURY, BETH NOCA SCOTIA OURNE FL VER, ALBERT ONTARIO CIR.	ent and title if applicable. (NOT ID DIRECTORS	B4         City           tes, the above-named cor authorized by the corpora orida Statutes.         City           13.         1.1           13.         1.1           1.2         NAME           1.3 STREET ADDRESS         1.4           1.4 CITY-ST-ZIP         2.1           2.1         TILE           2.2         NAME           2.3         STREET ADDRESS	lired when reinstating)	DATE CERS AND DIRECTORS IN 12
MELBOURNE FL  I. Pursuant to the prov office or registered a agent. Lam familiar Signature. typ  2.  3.  3.  3.  3.  3.  4.  3.  4.  4.  4	32935 visions of Sections 617.050 agent, or both, in the State with, and accept the oblig red or printed name of registered ag OFFICERS AN SBURY, BETH NOCA SCOTIA OURNE FL VER, ALBERT ONTARIO CIR. OURNE FL TERA, JOHN ONTARIO CIRCLE	ent and life # applicable. (NOT ID DIRECTORS	B4     City       Res, the above-named cor authorized by the corporation orida Statutes.       13.       11. TITLE       12. NAME       13. STREET ADDRESS       14. CITY - ST-ZIP       21. TITLE       23. STREET ADDRESS       24. CITY - ST-ZIP       21. TITLE       23. STREET ADDRESS       24. CITY - ST-ZIP       3.1. TITLE       3.2. NAME       3.3. STREET ADDRESS	lired when reinstating)	DATE
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MELBOURNE FL         1. Pursuant to the provol office or registered a agent. Lam familiar and the provol of the p	32935 visions of Sections 617.050 agent, or both, in the State with, and accept the oblig of or proted name of registered ag- OFFICERS AN SBURY, BETH NOCA SCOTIA OURNE FL VER, ALBERT ONTARIO CIR. OURNE FL TERA, JOHN ONTARIO CIRCLE OURNE FL VHY, MICHAEL	ent and title if applicable. (NOT ID DIRECTORS	B4     City       Res, the above-named cor authorized by the corpora orida Statutes.       13.       1.1 TITLE       1.2 NAME       1.3 STREET ADDRESS       1.4 CITY - ST-ZIP       2.1 TITLE       2.3 STREET ADDRESS       2.4 CITY - ST-ZIP       3.1 TITLE       3.2 NAME       3.3 STREET ADDRESS       2.4 CITY - ST-ZIP       3.1 TITLE       3.2 NAME       3.3 STREET ADDRESS       3.4. CITY - ST-ZIP       4.1 TITLE       4.2 NAME       4.2 NAME	lired when reinstating)	